

LEAD TEST KIT DOCUMENTATION FORM

Client name: _____

Client ID# _____

RENOVATION INFORMATION

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.

Renovation Address: _____ Unit # _____

City: _____ State: _____ Zip code: _____

Certified Firm Name: _____

City: _____ State: _____ Zip code: _____

Contact #: _____ Email: _____

Certified Renovator Name: _____ Date Certified: _____

TEST KIT INFORMATION

Use the following blanks to identify the test kit or test kits used in testing components.

Test Kit #1

Manufacturer: _____

Manufacturer Date: _____

Model #: _____

Serial #: _____

Expiration Date: _____

Location: _____

Test Kit #2

Manufacturer: _____

Manufacturer Date: _____

Model #: _____

Serial #: _____

Expiration Date: _____

Location: _____

Test Kit #3

Manufacturer: _____

Manufacturer Date: _____

Model #: _____

Serial #: _____

Expiration Date: _____

Location: _____

Test Kit #4

Manufacturer: _____

Manufacturer Date: _____

Model #: _____

Serial #: _____

Expiration Date: _____

Location: _____